

NO STAPLES IN
BAR CODE AREA

Dept of Labor and Industries
PO Box 44268
Olympia WA 98504-4268

STATEMENT FOR
COMPOUND PRESCRIPTION

Instructions for completing form on the reverse side

DO NOT
WRITE IN
SPACE

SOC. SEC. NO. (FOR I.D. ONLY)		CLAIM NO.	
WORKER'S NAME (LAST, FIRST, MIDDLE)			
PHARMACY NAME & ADDRESS		L&I PROVIDER NO.	
ADDRESS			
CITY		STATE	ZIP
BILL DATE	EMPLOYER		

Is this a request to reimburse the injured worker? ☐ YES ☐ NO

Is this a private insurance co-payment? ☐ YES ☐ NO

We do not reimburse for a private insurance co-payment. Call L&I at 1-800-848-0811 for instructions.

PRESCRIPTION DETAIL

DX CODE (ICD-9)		S/B	DATE OF INJURY	DATE RX WRITTEN	PRESCRIBING PROVIDER'S NAME	PRESCRIBING PROVIDER'S NUMBER (L&I #, LICENSE # OR DEA #)	DRUG COST	\$
PRESCRIPTION NO.		DATE FILLED		REFILL YES <input type="checkbox"/> NO <input type="checkbox"/>	QUANTITY DOSES: GRAMS: MILLILITERS:		DISPENSING FEE	\$
COMPOUND DRUG CODE 00990000000			TOTAL NO. OF INGREDIENTS	DISPENSE AS WRITTEN PRODUCT SELECTION CODE (DAW) (0, 1 or 6)		COMPOUNDING TIME	PROFESSIONAL FEE	\$
PRESCRIPTION FILLED FOR:		<input type="checkbox"/> ANTIBIOTIC IV THERAPY		<input type="checkbox"/> PAIN COCKTAIL		<input type="checkbox"/> TOPICAL PREPARATION		PREScription TOTAL
		<input type="checkbox"/> TOTAL PARENTERAL NUTRITION		<input type="checkbox"/> OTHER THERAPY				\$

COMPOUND ITEMIZATION

ATTACH ADDITIONAL ITEMIZATION OF OTHER
INGREDIENTS IF MORE THAN 10 WERE USED

NDC/UPC	NAME	STRENGTH	QUANTITY	(X)	DRUG COST/UNIT	(=)	DRUG COST
1.					/		\$
2.					/		\$
3.					/		\$
4.					/		\$
5.					/		\$
6.					/		\$
7.					/		\$
8.					/		\$
9.					/		\$
10.					/		\$

☐ The injured worker has paid for the above services and prescription(s).

Pharmacist's Signature

When you submit this bill, you are certifying that the prescription information is correct.
L&I must receive this statement within 12 months of the date of service or claim allowance.

Instructions for completing Statement for Compound Prescription form

Do not complete this form for reimbursement of a private insurance co-payment. Call L&I at 1-800-848-0811 for instructions

Types of Insurance

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, beginning with a "B, C, F, G, H, J, K, L, M, N, P, X OR Y."

Send bills for Industrial Insurance claims to:

Department of Labor and Industries
PO Box 44268
Olympia WA 98504-4268

CRIME VICTIMS

Claim numbers are six digits beginning with a "V", or five digits preceded by a "VA, VB, VC, VH, VJ or VK."

Send bills for Crime Victims claims to:

Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

SELF-INSURANCE

Claim numbers are six digits beginning with an "S, T or W."

Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with "7, 8 or 9."

Send bills to the employer or their service company.

Pharmacy address changes

PHARMACY NAME AND ADDRESS:

If any of this information changes, call 1-800-848-0811 immediately.

*(Simply indicating a new address on the bill **will not change** L&I's record of address for the provider.)*

For further information, find us at:

www.Lni.wa.gov/claimsinsurance/providerpay/billing/provider

Prescription Information

L&I PROVIDER NUMBER: The specific Provider number issued to the pharmacy.

NCPDP NO: The 7-digit number assigned by National Council for Prescription Drug Programs.

REIMBURSE INJURED WORKER: Place "X" in applicable box.

S/B (SIDE OF BODY): Designate "L" (left), "R" (right) side of body or "B" (bilateral), to indicate location of injury.

DATE OF INJURY: This is important and must be included. One worker may have several claims, so it is vital the proper claim be identified and charged for services provided.

PRESCRIBING PROVIDER NUMBER (L&I#, LICENSE# OR DEA#): Provider number issued to the prescribing physician by L&I, a WA state license# or a DEA#. (not pharmacy's provider#).

DRUG COST: Total charge for the filled prescription.

QUANTITY: The total units of medication prescribed. Use the (NCPDP) billing unit standard format, e.g., "each", "ml" or "gm".

DISPENSING FEE: The fee for services provided by the pharmacist.

TOTAL NUMBER OF INGREDIENTS: The number of NDC/UPC ingredients used in the prescription.

DISPENSED AS WRITTEN PRODUCT SELECTION CODE:

Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.

Valid values are:

- 0 = No product selection mandated;
- 1 = Substitution not allowed by prescriber;
- 6 = Override for emergency supply – This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.

COMPOUNDING TIME: Time required to combine the ingredients in the prescription.

PROFESSIONAL FEE: Fee for compounding time.

PRESCRIPTION FILLED FOR: Place an "X" in the applicable box.

TOTAL PRESCRIPTION COSTS: Total charge for the filled prescription. (Drug cost + professional fee + applicable tax).

COMPOUND ITEMIZATION: Detail of the ingredients used in the prescription.

REIMBURSE THE INJURED WORKER: Signature of pharmacist who supplied the prescription is required.